



CHARLESTOWN CARING GROUP

AUTHORITY TO ACT AS AN ADVOCATE

CLIENT DETAILS:

Name (in full):

Address:

.....

Phone:

I authorise the person named below to act as an advocate on my behalf and represent my interests in relation to my involvement with Charlestown Caring Group Inc. I understand that Charlestown Caring Group Inc. may discuss details of my Support Plan/s and the services it provides with my advocate if the need arises.

This authority takes effect from ____/____/____ and replaces any previously advised arrangements. I understand that I can change my choice of advocate at anytime and undertake to advise Charlestown Caring Group Inc. of any such change in writing.

Signed: **Date:**



ADVOCATE'S DETAILS:

Name (in full):

Address:

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Phone:

As an advocate of the abovementioned person I undertake to ensure that:

- The client has provided written authority for you to act as their advocate.
- You always act in the best interests of the client.
- The client is aware of any issues and developments in relation to the support they receive and which you, as their advocate, may be involved.
- You be familiar with contents of the consumer's Support Plan and Fees Schedule.
- You are familiar with the client's rights and responsibilities.
- You advise Charlestown Caring Group Inc. about any changes in client's circumstances and any concerns about their changing needs.
- Be prepared to relinquish the role of advocate should the client wish this.

Signed:

Date: